

A Report on the
BEST PRACTICES
RESEARCH
of
THE CAPACITY BUILDING INITIATIVE
in Howard County, Maryland

September 2009



Department of
CITIZEN SERVICES

TABLE OF CONTENTS

Best Practices for Human Services Systems

Effective Delivery of Human Services	3
Serving the Foreign Born.....	6
Developing Central Intake Systems for Human Services.....	9

Organizational Best Practices

Organizational Structures.....	13
Nonprofit Collaboration.....	17
Types of Collaborative Relationships	
Best Practices for Nonprofit Collaboration	
Models for Nonprofit Collaboration around Shared Infrastructure	
Public/Private Partnerships and Collaboration	
Resource Development.....	23
Strategies for Sustainability in Difficult Economic Times	
Fundraising in Affluent Communities	
Raising Funds from Individuals	

Appendices

A. Sample Consumer Bill of Rights.....	31
B. Human Services Approaches to Foreign-Born and Low-Income Communities: Case Examples.....	32
C. Sample Measures of Cultural Competence for Service Providers.....	35
D. Checklist to Facilitate the Development of Culturally and Linguistically Competent Provider Policies and Structure.....	38
E. Massachusetts Virtual Gateway Services Agreement.....	39
F. Approaches to Nonprofit Collaboration: A Case Study.....	42
G. Organizations Researched.....	43

Acknowledgement

This report was developed as part of the broader Capacity Building Initiative sponsored by the Howard County Department of Citizen Services. This report on best practices research was authored by Hilary Binder Aviles of Mosaica: The Nonprofit Center for Development and Pluralism with contributions from Maryland Association of Nonprofit Organizations.

Best Practices For Human Services Systems: EFFECTIVE DELIVERY OF HUMAN SERVICES

The following briefly summarizes principles and best practices for effective human services systems. These principles and best practices have been developed and promoted by professional associations, policy think tanks, foundations, and associations of government officials over the past two decades.¹ Some of the principles and best practices speak to the system as a whole, while others speak to characteristics of the services that the system needs to provide (whether those services are provided by public agencies, nonprofit providers, or faith-based providers). Effective human service systems deliver services that are:

Integrated and Coordinated. Effective service systems are set up in a way that allows individuals and families to easily access services through single points of entry and makes sure they do not “fall through the cracks.” The Urban Institute provides the following description of the difference between service integration and coordination/collaboration: “Integration is characterized by features such as common intake and ‘seamless’ service delivery, where the client may receive a range of services from different programs without repeated registration procedures, waiting periods, or other administrative barriers. In contrast, coordinated systems generally involve multiple agencies providing services, but clients may have to visit different locations and re-register for each program to obtain services.” Best practices include:

- Common intake forms and applications
- Co-location of services, where public agencies and nonprofit providers share space, or, at minimum, assign staff from several agencies to serve shared clients in one place

In addition to making services more “user-friendly” for community members, service integration and coordination approaches allow staff of different agencies to become more knowledgeable about resources available. Further, combining resources such as staff and facilities helps reduce duplication and may allow participating agencies to stretch their funding further.

Holistic and Client-Centered. In a holistic system, the components of that system do not just address an isolated need or problem. Staff in different program or service areas understand how needs are inter-related, actively work to identify other issues and needs, and address them through referrals and partnerships. For example, a participant in a job readiness program stops coming to class because her son got into trouble at school and she feels she needs to be home with him instead of coming to class. To ensure the mother can continue with the classes, staff of the job readiness program would help her find an after school program, a mentor or tutor, or some other support for her son. The components of the system work together so that no one service area says, “that’s not my problem.”

¹ These include: The Center for the Study of Social Policy, the Annie Casey Foundation, the National Association of Counties, National Association of State Legislatures, and others.

Delivered by trained, qualified, and committed staff. Effective systems have human resources policies and practices that ensure that all staff have the qualifications, experience, interest, and training to perform their jobs effectively. Government agencies and nonprofits alike should be connected to and ensure their staff receive training from the appropriate professional associations for their field. Staff also need to be committed to serving diverse communities, this includes spending the extra time often needed to find creative solutions to the complex challenges low-income and foreign-born populations in particular face, rather than giving up and saying “this is somebody else’s problem.”

Accessible. Effective service systems assess the barrier to access across service areas and target populations. They then ensure that various different services are designed and delivered in a way that ensures they are accessible to those who most need them. This is especially critical for low-income families. Best practices include:

- Locate services near neighborhoods where target communities live or within walking distance of public transportation when selecting sites for new programs, classes, or services.
- Provide transportation assistance, for example through stipends or tokens, ride shares, volunteers, etc. Government agencies or other funders could help fund a van that several nonprofits or government agencies could share.
- Ensure services are accessible to parents of young children by providing child care. Numerous studies of family literacy and English language instruction programs, for example, find that on-site child care is critical to success. Providers can offer stipends to participants to pay their own babysitters, pay stipends to community members to provide child care on site during classes, or use volunteers to provide child care during classes, for example. Note that high school students can receive service learning credit for this type of volunteer work.

For a variety of adult education and training programs, some national organizations and state agencies have identified the provision of support services--including child care and transportation--as a standard for quality programs. For example, the State of Maryland’s Adult English Language Program includes as a standard: “The program provides access to a variety of services, directly or through referrals to cooperating agencies: child care, transportation, health services, employment counseling, educational counseling, legal advice, personal and family counseling, assessment of learning disabilities and other handicapping conditions, and translators and interpreters.”

Well managed. Effective service systems need skilled leadership. In *well-run* programs and services, classes and appointments happen on time, staff and volunteers follow through, questions get answered, and the goals of the program--for improving lives and communities--are met. This requires good planning, clearly defined outcomes, and skilled managers who ensure that programs and services have the resources they need to meet their objectives, including appropriate data systems and technology.

Identify and respect clear rights for the people being served. A growing number of human services systems and individual service providers are developing a client or

consumer *bill of rights*. These are often brief fact sheets that define client or consumer rights--such as a right to confidentiality, a right to respectful treatment, a right to not be discriminated against, and a right to a grievance procedure if the client or participant feels s/he has been mistreated or not received quality services. A sample consumer bill of rights is included in Appendix A.

Designed and planned with the involvement of the people being served. Effective service systems provide clear and consistent opportunities for the people being served to provide input into how programs and services are designed and delivered. They may have insights about *what it will take to make a program work* that the service provider won't know--such as the times of day that would be most convenient. A growing number of human service fields encourage the active participation of people who will benefit from programs and services in planning them. This has been part of a *consumer movement* in which the people who receive services--often called *consumers*--have demanded the right to have a say in the design, decision making, and delivery of programs and services. Best practices include:

- Creating consumer advisory groups. Fields such as health care, mental health, and disability services have led the way in creating such structures for consumer involvement. Some federal funding sources require consumer involvement in the form of formal community planning councils and/or advisory boards, committees, or commissions.
- Conducting surveys, focus groups and holding community meetings to consult with and involve the community, including people and organizations that represent diverse ethnic groups, age groups, gender, and other perspectives.

Consistently evaluated and shown to have positive outcomes. Effective service systems have policies and practices to support consistent system-wide evaluation of performance and outcomes. The system should provide the resources, training, and tools needed to carry out evaluation. Approaches to evaluation should also be flexible and ensure that program participants are included in defining "success." Again, it goes back to asking community members what is important to them and what it would take for them to be satisfied with both delivery of service and the final results. Evaluation results should be used to improve programs and ensure they are high quality.

Best Practices For Human Services Systems: SERVING THE FOREIGN BORN

In addition to the principles and best practices described in the preceding section, there are two additional considerations that are especially important for effectively serving foreign-born populations: language access and cultural competency. Effective human service systems should have policies and practices that reflect an understanding of existing laws, standards, and best practices in each of these areas.

Existing laws, standards and best practices for each are described below. Appendix B provides an overview of current approaches to serving the foreign born in Fairfax County, Virginia and Montgomery County, Maryland.

A. Language Access

Existing Laws and Standards: One of the most important barriers to access is language. To address access to services, providers must address language access for limited English proficient (LEP) populations. There are different kinds of standards for appropriate language assistance:

Federal Language Access Laws. Various federal laws address language access for government agencies and government-funded programs. The most important is Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal funding and programs receiving federal funding from discriminating, denying the benefits of programs and activities, and excluding individual participation based on national origin, race, or color. Title VI does not require federal agencies or programs receiving federal funds to provide language assistance. However, intentionally failing to provide meaningful access to individuals who are *limited English proficient (LEP)* can merit a Title VI complaint.

Federal standards. Some federal agencies have set standards for providing linguistically and culturally appropriate services, and require any entity receiving its funds to comply with them. One example is the *Culturally and Linguistically Appropriate Services (CLAS) Standards* for health care organizations, developed by the Office of Minority Health (OMH). Health care organizations receiving federal funds must meet most of these standards.

State or county standards. Some state and county human or social services departments have developed their own standards. For example, in Minnesota, Hennepin County's Health and Human Services Department has developed a model LEP plan that includes standards for interpretation. A copy of the plan can be downloaded by visiting the County's website at www.co.hennepin.mn.us, and typing in *LEP Plan* in the search box.

Professional association standards. Professional associations in some fields have also developed standards for linguistically appropriate services. For example, the National Association of Social Workers (NASW) has developed a publication for its members and partner organizations called *Standards for Cultural Competence in Social Work Practice*.

Good Practices: Reasonable steps to provide language access depend on how critical the service is to the LEP community, the size of the LEP population, and the resources of the organization. Depending on the situation, the following could be reasonable steps:

Hire bilingual staff. Having trained professional staff who are bilingual and bicultural is the most desirable way to provide language access, especially when the service provider has frequent contact with particular languages. In addition to hiring “frontline” staff who are bilingual and bicultural, it’s also important to make sure bilingual and bicultural staff are represented in management positions. This can help ensure policies and practices are informed by the needs of LEP populations. Service providers can also train bilingual staff to act as interpreters and ensure that they are available to other staff to act as interpreters.

Contract out for interpretation services. Contracting for interpreters is a cost-effective option when there is no regular need for a particular language skill. In many places, state agencies partner with nonprofits to create language banks and interpreter services, or nonprofits provide these services with private funds. Agencies often look to nonprofits to provide interpretation services, and often expect them to do it for free!

Use telephone interpreter services. This is a low-cost option that many state, county, and city human service agencies use to provide language access. It’s not the best option for community members who must often communicate complex needs and receive complex information.

Use community volunteers for translation and interpretation. Some federally-funded agencies and organizations recruit their own volunteers or work with other nonprofits to recruit and manage community volunteers without specialized training in translation or interpretation. It’s best to use community volunteers only for less critical services--for example, it may be fine to have a community volunteer help with a parent-teacher meeting, but not with a meeting with a doctor where sensitive medical information must be communicated.

B. Cultural Competence

In addition to being language appropriate, services should also be delivered in ways that are respectful of the clients’ cultural beliefs and practices. Culturally-competent service delivery systems have the following characteristics:

The physical environment where services are delivered, as well as materials and resources, reflect the cultures, ethnic backgrounds, and literacy levels of individuals and families served. This includes displays/artwork in common areas, printed materials in reception areas, and educational videos.

Communication styles and mediums reflect 1) an understanding that limitations in English proficiency are in no way a reflection of education or intelligence and 2) a willingness by all staff to learn key words in the languages spoken by clients and use alternatives to written communication. Providers use bilingual-bicultural staff and/or personnel and volunteers skilled in relevant specialized interpretation. Whenever

possible, providers ensure that all notices and communiqués to individuals and families are written in their language of origin.

Values and attitudes reflect an understanding and sensitivity to the values and beliefs of clients from different cultures, ethnicities, and religions. Systems in no way attempt to impose the dominant culture, and strongly discourage behaviors which show cultural insensitivity, racial biases and prejudice. All staff demonstrate that they understand and respect different definitions, practices, and perceptions – for example of family, gender and age roles, health and wellness, grieving, and other social service concepts.

All staff should receive training in cultural competence to ensure they have the attitudes, knowledge, and skills to work effectively across cultures.

Existing Standards: In general, two different categories of standards and promising practices guide the delivery of human services in the U.S.

Professional standards for specific service areas. Many fields within the broad area of human services, health, and education have their own professional associations. Often, these associations develop standards for the delivery of quality services in their field. Examples include: The National Association of Workforce Development Code of Ethics and Practice Standards (www.nawdp.org); *Child Welfare League of America* standards of excellence for child welfare (www.cwla.org); and The *National Association of Social Workers* (NASW) comprehensive standards for various aspects of social work practice, including standards for case management (www.socialworkers.org).

Standards for cultural competence. Professional standards for specific fields, such as those listed above, often include standards for cultural competence. For example, the NASW's standards include *Indicators for Cultural Competence in Social Work Practice*. (Go to: www.socialworkers.org/practice/default.asp to download a PDF.) In addition, a number of funding agencies have developed standards for cultural competence. In general, the field of health care has probably made the most progress in developing standards for cultural competence. The *Culturally and Linguistically Appropriate Services (CLAS) Standards* for health care organizations are considered model standards for cultural competency. Any health care organization that receives federal funds must meet some of the standards, while others are recommended as sound practices. For more information about the CLAS standards, visit the OMH website at www.omhrc.gov. Click on the tab labeled *Cultural Competence*, and then on *National Standards*. .

Best Practices For Human Services Systems: DEVELOPING CENTRAL INTAKE SYSTEMS

Beginning in the 1970s, some human services agencies began to experiment with common intake forms, procedures, and systems. These efforts were challenged by the limited technology of the time, among other factors discussed below. With the availability of new technologies, recent years have seen a growing number of efforts. There are many specific service areas that have developed common intake forms and procedures, including HIV/AIDS programs, legal services, disability services, and early childhood services. In addition, there are a growing number of jurisdictions – counties and states – that have developed common intake forms and procedures across a variety of human services programs.

A Model for Central/Joint Intake:

Maricopa County HIV/AIDS Services

Maricopa County, Arizona was one of the first jurisdictions in the country to develop a centralized intake process for determining eligibility and common intake for Ryan White Care Act-funded HIV/AIDS programs and services. All service providers in the County now use a common intake form, with the goal of developing centralized eligibility.

A Model for Central/Joint Intake:

Massachusetts Department of Health and Human Services

Background: The Massachusetts Executive Office of Health and Human Services (EOHHS) developed “Common Intake,” an online tool that registered providers can use to submit a single application on behalf of clients for multiple programs and services. Common Intake is one feature of the EOHHS’s Virtual Gateway, a web portal that aims to make information about and access to the state’s health and human services more efficient. (A copy of the services agreement between EOHHS and organizational users of Virtual Gateway is included in Appendix E.)

What kinds of services are included? Common Intake was initially developed in 2005 as a tool for state’s new health care program, MassHealth. Since then, it has phased in the programs and services covered under the system. Currently, Common Intake covers: MassHealth (Massachusetts Medicaid and SCHIP programs), Food Stamps, WIC, emergency housing assistance, certain senior services, certain veteran’s services, and others. To date, Common Intake only screens for eligibility and does common intake for services administered directly by government agencies. EOHHS is currently developing plans to phase in fuel assistance programs, which are administered by community action agencies. This will be the first service/program added to Central Intake that is provided by a nonprofit organization, not a government agency.

How does it work? Different state agencies, hospitals, health centers, and nonprofit and other community service organizations must register with the office in EOHHS that administers Common Intake. There are currently over 300 registered providers. To

finalize the registration, the provider must get a certain number of hours of training on how to use the system, provided for free by EOHHS. Here's how it works:

- An individual who needs assistance walks into a registered nonprofit organization in his/her neighborhood. This person sits down with the nonprofit staff person, who logs on to Common Intake and starts an intake form.
- The first step is a screening tool – a set of questions that, once entered, will provide a list of what the person *may be* eligible for. The nonprofit staff can go over this list with the person, and then decide what to apply for.
- The staff then starts the application. They only have to enter information once, and the system will put it into the different applications. (In other words, from user perspective, they are only filling out one form, but it is generating multiple applications.) The system has lots of “validation checks” along the way to ensure accuracy.
- Once completed, the system automatically sends the applications on to the appropriate agencies, and then sends a status message back to the nonprofit.
- However, document verification is still manual. The nonprofit staff must photocopy and fax the necessary documents for proof of eligibility to each agency. The system cannot do that yet. Also, if the agency/service requires an in-person interview, then the person still has to physically go to the agency.
- Once the agency verifies eligibility, it sends a message back to the staff of the nonprofit with next steps to finalize enrollment.

What are the benefits to consumers and the system? Submitting applications electronically ensures that consumer information is complete and accurate. This reduces the amount of time it takes for applications to be processed. For example in analyzing processing time for healthcare services, that state found that the average time to complete an application was cut in half. Further, the processing time – the average number of days it takes for a citizen to receive a determination of eligibility for healthcare services – dropped from 12 days using paper applications to 4 days using the electronic common intake form.

An Example of an Effort to Develop Central/Joint Intake: **York County, Pennsylvania**

Background: In 1995, York County Pennsylvania received a three-year grant to implement a plan to improve access to health, education and human services for residents. The County first conducted focus groups to better understand barriers to access. It found five main barriers – lack of information, attitudes, affordability, geographic location/transportation, and “red tape.” Based on the findings of the focus groups, York County created the Community Services Department to assist communities in developing local solutions to their human service needs by improving collaboration with public and private organizations. The three main components of the plan included: the development

of two family centers, a lead case management process, and a common intake and data system.

What was the plan for the common intake system work? The purpose of the common intake and data system was to enable consumers to provide basic demographic and intake information to an intake worker. With approval from the consumer, this information would then be transferred to other organizations with which the consumer may need to work. Data would also be compiled for analysis of the needs and trends in a specific geographic area.

What happened? After spending considerable time and resources planning the system, York County was not able to get the new system off the ground. In the end, the County could not get around department “silos” – each agency within human services had its own software systems already and it was too difficult a culture change to get the agencies to use something different. In addition, agencies could not agree on the common elements for the common intake form. Further, discussions got bogged down in minutia (e.g., should the first name or last name be first on the form?) Lastly, at that time, many agencies still relied on paper files and had too many staff not computer literate to make it work.

Now, almost 10 years later, the County is trying again. This time, it is using bridge software that will allow the different software currently used by agencies to “communicate” and “translate” information.

The experiences of these jurisdictions and others suggest the following considerations and best practices for developing central intake systems:

Importance of buy in and value add to the system: Human service system representatives who have been involved in creating common intake and data systems emphasize the importance of gaining the buy in of all of the key stakeholders – including both public agencies and nonprofit and faith-based providers – who will need to use the system to make it work. Users must see how a common intake and data system can help service delivery be more efficient and effective. For example, human services agencies that have successfully implemented a common intake and data system can better track consumer needs and trends with use of services.

Importance of and responsibility for the eligibility determination: Because of ramifications of an incorrect determination of eligibility, some service providers/agencies may resist “giving up” intake/eligibility for “their” program. If an individual is incorrectly identified as eligible, and later found not to be, an agency that provided services might be required to return funds. The agency that provides the services is legally (contractually) responsible for the intake. If an agency allows another entity to do eligibility determinations for its services, and those determinations are done incorrectly, the agency could on audit (chart reviews) be asked to return funds if it served people who were ineligible. In Maricopa County, the way that the agency administering Ryan White

Care Act funds has addressed this is by adding language in its contracts with service providers that basically says if a service provider provides service to someone later found to be ineligible, but that intake was done by another entity, then the agency providing the service will not be responsible for the mistake and will not have to return funds.

Importance of and clear understanding about documentation requirements: For many different kinds of human services, eligibility is based on income (and often assets/net worth) and immigration status. Consistent documentation of income levels as well as immigration status pose challenges for common intake systems. For example, many programs have to ask for documents proving that a person is legally in the country. Many agencies don't know what to ask for. Also, a legal immigrant is not eligible for most financial assistance and for many other human services for the first five years. Poorly done eligibility determination often leads to exclusion of eligible immigrants. One way to work towards a single system is to have everyone agree to use the same process and the same documents to determine eligibility.

Use of online data systems: In the past, a common challenge to developing centralized intake was: Which agency keeps the documentation of eligibility and/or multiple agencies needing that documentation for their own reporting purposes and for audits. Now, technology developments have made centralized intake systems easier to use. Both the common intake forms and scanned documents (proof of residency, income, etc.) can be kept in the central data system and accessed by registered users. This allows all providers with access to the systems to review documents, download them and put copies in their client files when needed.

Importance of training: The experience of particular systems (e.g., HIV/AIDS, disabilities) and jurisdictions suggests that high quality, consistent training for the organizations (public agencies, nonprofits, etc.) that will be using the common intake system is critical. The training should reinforce the requirements for confidentiality and privacy, as well as help people understand the kinds of documents that can be used to show proof of eligibility, as well as how to recognize fake documents. Training should also reinforce the importance of completing the full intake form. Agency or provider staff might be inclined to only get information about the “presenting problem” – e.g., utility assistance – and not collect other information not immediately relevant. However, this makes the form less useful for multi-program or service screening and eligibility determination purposes.

Importance of ongoing evaluation and adjusting of the system: The programs and jurisdictions that have developed and are using common intake and data systems have found that there is a need for continuous monitoring and evaluation of how it is working, and a continuous need to make adjustments to the system. A recommended best practice is to have a steering committee, made up of the key agencies and providers involved, that meets regularly to discuss challenges or problems and identify needed changes.

Organizational Best Practices:

ORGANIZATIONAL STRUCTURES

This section presents a brief overview of different project or organizational structures for individuals or groups who seek to address a perceived need in the community. Often, when community members perceive a need and have an idea to address it, they think the only option is to create another nonprofit organization. Many people start nonprofits without realizing the level of time, resources, and skills needed to sustain an independent organization. Often they do not realize that there are other options. On the other hand, there are special considerations as to why some groups – particularly members of low-income or immigrant communities – may want to start independent tax-exempt organizations, even if there are other service providers serving their community. There is a value to having organizations that represent, are led by, and can be a voice for particular communities.

A Project of Another Organization. Individuals and groups who have an idea for a specific program, service, or project, can become a *project of another organization*. How does this work? An individual or group of people with an idea for a specific program, service, or project can sometimes find a permanent home with another organization. As a project of another organization, they become just like any other program or service of the organization. The parent organization has formal control and authority over the program and overall responsibility for its planning, implementation, and management. This model makes sense for individuals or groups who:

- Are clear that they only want to deliver a very specific and focused program, service, or project.
- Do not want to spend time building an organization.
- Do not mind giving up some power and control to a parent organization.
- Are confident they can find an organization that is willing and able to be a home for the project--to house it, manage it, and help raise resources for it. An appropriate home should also be an organization that shares the group's values, sees the importance of working with the community it represents, and is willing to develop cultural competency.

An Unincorporated Association. Sometimes a group may want to formalize without incorporating. The most common informal structure is an *unincorporated association*. These are informal groups that are formed by individuals that share a common interest and engage in activities together. There are book or literary clubs, recreational clubs (such as hiking or soccer clubs), historical societies, and groups that focus on cultural preservation (such as dance or music groups). Generally, unincorporated associations:

- Can obtain only limited amounts of funding. Because donations are not tax-deductible, unincorporated associations can usually only raise small amounts of money from the community and cannot obtain grants from government or foundations. They cannot seek or distribute funds beyond very small amounts

required for equipment or refreshments (usually, members provide the funds from their own pockets).

- Are loosely organized, with no formal board or decision-making body. Usually, members with more time or interest choose to take on leadership roles, without any formal election. Responsibility for the activities is divided among the members, with the informal leaders providing coordination and making sure key tasks are completed.
- Have no reporting requirements. As long as the organization is not raising money beyond what members provide and no one is expecting donations to be tax-deductible, generally no reporting to the state or federal government is required.

This model makes sense if the group plans to be mainly volunteer-led, does not plan to raise significant amounts of money (i.e., has an annual budget just large enough to cover direct costs, with no taxable income), does not want to spend time managing an organization, is not worried about legal liability.

Incorporated Nonprofit Organization without 501(c)(3) Status. Another option is to become an *incorporated* nonprofit organization but *not* seek tax-exempt status. An organization incorporates at the state level, typically through a department of consumer and regulatory affairs, department of taxation, or the office of the Secretary of State. Once an entity incorporates at the state level, it is recognized as an incorporated nonprofit organization. Incorporated organizations must:

- Create a more formal structure. This includes drafting articles of incorporation, setting up a Board of Directors, and developing bylaws and other formal procedures to guide operations and decision making.
- File reports, usually annually, to the state in which it is incorporated.
- Pay taxes on any profits (income minus expenses). Being incorporated as a nonprofit organization--without obtaining recognition as a tax-exempt organization--does not make a group tax-exempt, so contributions are generally not tax-deductible and income is not tax-exempt.

Being incorporated provides some structure and formality to the organization, along with protection against personal liability. One of the main reasons groups choose to incorporate is to limit the liability of individual members. By incorporating, they create a legal entity that assumes liability.

An Independent 501(c)(3). The most formal structure is an independent, incorporated organization with a 501(c)(3) tax exemption. A nonprofit, tax-exempt corporation is a corporation formed to carry out a charitable, educational, religious, literary, or scientific purpose. A nonprofit corporation doesn't pay federal income taxes on income from the activities it uses to carry out its tax-exempt purposes. Usually, it doesn't pay state taxes either. This is because the IRS and state tax agencies believe that the benefits the public derives from these organizations' activities entitle them to a special tax-exempt status. The most common federal tax exemption for nonprofits comes from Section 501(c)(3) of the Internal Revenue Code, which is why nonprofits are sometimes called 501(c)(3)

corporations. To obtain and maintain federal tax-exempt status as a 501(c)(3) organization, a nonprofit organization must:

- Exist for the Public Good. The organization must exist for humanitarian, charitable, educational, or other purposes that can be described as contributing to the *public good*.
- Be Governed by Volunteers. The organization must have some group of people who are responsible for ensuring that it meets various legal requirements, set policies and provide oversight of all activities and funds. Because nonprofits exist for the public good, it is important that this group of people – typically called the Board of Directors – are *volunteers*.
- Be Independent. Again, because they exist to serve the public good, nonprofit organizations must be independent of both government and the private sector.
- Be Nonpartisan. Nonprofit organizations must *not* engage in partisan political activity--that is, they must *not* support or oppose candidates for office or political parties. However, they *can* do legislative advocacy or “lobbying.” However, organizations must follow federal regulations on lobbying and may not use federal grant funds to lobby.
- Ensure Fiduciary Responsibility. The organization must ensure that contributions and other funds received are used for tax-exempt purposes involving public benefit, not for the personal gain or benefit of specific individuals.
- Be Accountable to the Public. Because a nonprofit organization exists for the public good, it must be accountable to the public. Nonprofit organizations are required to make information about their finances and their activities available to the public.

Incorporating and seeking independent 501(c)(3) tax-exempt status makes sense for groups that want to operate independently, raise significant funds from sources that require tax exemption, hire staff, and do a variety of things (not just one project). A 501(c)(3) organization:

- Does not pay taxes on its income. As a 501(c)(3), it is exempt from paying federal income tax. It still has to file a tax return – called a Form 990 – but it does not have to pay taxes on its income. The only exception to this is if the organization has certain kinds of earned income, called Unrelated Business Income.
- Can give an individual contributor a letter verifying the amount of a donation, which the individual can then deduct from his/her tax return (if the individual itemizes deductions on his/her tax return).
- Does not have to pay sales taxes. In most states, as a 501(c)(3), a nonprofit can also apply for state sales tax exemption. However, the nonprofit must apply for this tax exemption in the state. Getting 501(c)(3) status from the IRS does not automatically qualify a nonprofit for state sales tax exemption.
- Can raise money from public and private sources. 501(c)(3) organizations are eligible for grants from foundations and government. There are some funders--private

foundations and government funders--who will consider giving a grant to an organization that is not a 501(c)(3), as long as this organization finds a fiscal sponsor that will accept the grant on its behalf.

- Can receive discounts from businesses. Some vendors, such as internet service providers or membership retailers outlets (such as Costco or Price Club) offer discounts to nonprofits. In addition, as a 501(c)(3), it can get lower postal rates on bulk mail.
- The Directors have limited liability. As a 501(c)(3), the organization's officers and directors have *limited personal liability*. What does this mean? Nonprofit organizations can get sued – and when they do, it is the Directors who are sued – but as long as the Directors are doing their job, it's unlikely the suit will be successful.

Fiscal Sponsorship. If a group is not ready to become an independent, 501(c)(3) tax-exempt organization but needs to be able to raise significant funds, the best option may be to become associated with a 501(c)(3) organization that serves as a fiscal sponsor. Fiscal sponsorship basically means one entity accepting and managing funds for another. A fiscal sponsor is a 501(c)(3) organization that is willing and able to provide a tax-exempt home for an unincorporated group or incorporated organization without 501(c)(3) status. In most fiscal sponsor arrangements, the sponsored organization and its staff are legally part of the sponsor's organization, but maintain autonomy over their program(s). There are many different types of fiscal sponsorship arrangements (e.g., for specific grants or projects, short-term vs. long-term, etc.).

An unincorporated association or an incorporated organization may choose to enter into a fiscal sponsorship arrangement with a tax-exempt organization if it:

- Plans to undertake a very time-specific, short-term project.
- Plans to file for 501(c)(3) tax-exempt status but want to start fundraising immediately.
- Wants to focus its energy on program activities rather than building and managing an organization.
- Is not sure whether or not there is enough support--from the community, from funders-- to sustain its efforts long term.
- Does not yet have the maturity, visibility, credibility, or track record to raise and manage organizational resources on its own.

Fiscal sponsorship is a good option for groups that want to remain all volunteer but also want to raise significant funds – such as for a scholarship fund or emergency funds for community members. Fiscal sponsorship also gives new organizations time to decide whether to become independent, long-lasting nonprofits.

This description of organizational structures was originally developed by Mosaica in 2008 for the federal Office of Refugee Resettlement for Project ROSE Toolkit.

Organizational Best Practices: NONPROFIT COLLABORATION

A. Types of Collaborative Relationships

Nonprofits may create collaborative relationships along a continuum ranging from very informal (building relationships) to formal collaboration for joint programming, and even merger. These relationships may advance mission-focused activities, infrastructure, or both. Various structures are also often referred to as strategic alliances.

Coordination: This includes relationship building, information sharing, and other informal ways of working in the same field in harmony. Coordination usually takes place between individuals in different organizations. It may include establishing regular channels of communication about programs, timing of major events, eligibility criteria, successes and challenges. No joint planning is involved, rather information is shared as needed, and all accountability rests solely with individual organizations.

Cooperation: More intensive working relationship where the individual staff efforts are supported by the organization they represent. Specific joint planning takes place (such as a joint event or joint marketing), and there is some sharing of leadership and control for time-limited initiatives.

Collaboration: Formal relationship between organizations to work together on an ongoing basis; for example, sharing the cost of a transportation service for clients. Collaboration requires more comprehensive planning and formal agreements, such as a memorandum of understanding to outline roles, responsibilities, and how revenue and costs are shared. Resources are pooled or jointly secured for a longer-term effort managed by the collaboration structures.

Joint Venture: A binding legal and financial relationship to do something in specific, such as develop a new service, open a new building, etc.

Coalition: A group of organizations form a formal or informal association to advance a specific cause, most commonly a common advocacy agenda. Coalitions may also come together to create common intake forms, common program guidelines, or common database structures.

Merger: This is a fully-entwined organizational relationship: two or more organizations come together to create one Board, one set of assets, one staff.

B. Best Practices for Nonprofit Collaboration

Nonprofit organizations can benefit in many ways by developing, raising money for, and implementing collaborative projects. By collaborating effectively, nonprofits can:

Expand the scope and reach of their programs and services: Through collaboration, nonprofits can provide programs and services they might not be able to provide working independently, and can reach a broader range of people.

Improve service delivery: Working together on a joint project often improves overall coordination and cooperation between nonprofits and helps nonprofits avoid duplication of effort. It can also lead to new, creative ideas.

Tap into new funding possibilities: By partnering on projects, nonprofits can approach bigger funders and go after larger grants than would be possible as small organizations working independently. Collaboration decreases competition for funding.

Stretch limited resources and gain new ones: By collaborating, nonprofits can make more efficient use of limited resources, especially staff time and funding. At the same time, they can access new resources, such as new skills and expertise, or access to space.

Enhance visibility and credibility: Through partnerships, nonprofits can not only provide mutual support to each other but also speak and act with a stronger, more unified voice.

Collaboration is not easy. When it works, it can greatly benefit an organization and community, but when it doesn't, it can damage an organization, its relationships, and its credibility. Here are some things to avoid:

Unrealistic and/or differing objectives and/or expectations. Sometimes, organizations entering into collaboration make assumptions that they share objectives, priorities, and expectations, only to find out later that they don't.

Resources are not allocated fairly. If resources—the grant funding or other in-kind support—are not allocated fairly, some partners may feel cheated.

Lack of clear management responsibilities. Too often, partners develop a project and submit a proposal, but haven't thought through the roles and responsibilities of partners, especially who is responsible for fiscal and program oversight and management.

Unwillingness to give up some flexibility. In a collaborative effort, partners usually have to give up some flexibility in setting their own fundraising and organizational priorities.

Lack of communication and coordination. One of the biggest threats to success in a collaboration is lack of communication. If partners don't share information with each other, this can lead to confusion and tension, and erode trust.

Lack of commitment to making the necessary time for collaboration. Sometimes working together is more time-consuming than doing something alone. Coordination

takes time. Planning takes time. Meetings take time. It is important to always remember why the organizations are working together and what the benefits are.

Many of the principles of developing a good project plan for a nonprofit also apply to developing collaborative projects. The major difference is that at each step along the way, the partners need to think through who will be responsible for what and how they will communicate. When getting started, nonprofits should think about:

Purposes, activities and desired results: What needs or gaps will the collaborative project address? What are the goals of each partner? What goals do the partners share? What will be the joint activities and priorities? What kinds of results does it want to accomplish during its first year? How will results be evaluated?

Management, decision making, and operations: How will key decisions about the project be made? Who will be the fiscal agent? Who will be the lead agency? How will the project be managed? Who will be involved from the different partner organizations? Will some kind of planning task force, steering committee, or management team be needed? How often will these entities meet? Where will project activities take place? Who will be responsible for supervision?

Resources and relationships: What resources will be needed to operate and manage the project successfully? Who will be responsible for fundraising? What other organizations or agencies should be included? How will the target community be involved?

How can partners avoid misunderstandings and conflict when collaborating?

Agree on the program priorities and expectations before submitting a proposal.

Before beginning fundraising efforts or writing a proposal, partners should have discussed and agreed on program priorities. They should also agree on what is expected from each member and what benefits each member can expect to obtain.

Have a fair process for allocating funds. Partners need to agree “up front” on procedures for allocating resources among types of activities, as well as deciding who receives funding for what activities and how funds will be managed, once received. When allocating resources, partners should be aware of and avoid possible conflicts of interest.

Be clear about management roles and responsibilities. Partners need to discuss the roles and responsibilities of each partner before the project or fundraising starts. They will need to decide who the lead agency will be. The lead agency will have to assume financial management responsibilities and its own Board of Directors holds a policy making and fiscal oversight role. They will need to decide how to share management responsibility. They could set up a steering committee or other leadership body made up of the partners.

Be clear about responsibilities for program implementation. Partners also need to think through and be clear about who will do what with regard to program implementation. Will each partner provide services to their own community? Will some services be provided to all communities at a central location? Which staff will handle which program operations?

Develop a clear written agreement that includes the decisions made about program collaboration. Consider giving the agreement an expiration date; for example, if joint funding will last for three years, have a three-year agreement. Clearly state the scope of collaboration, decision-making procedures, and how the collaboration will be implemented. Decide what will be done jointly, and what will remain the individual responsibility of each member. Will members be asked to agree not to individually approach certain funders that are being targeted by the coalition? Or not to fundraise individually for specific types of activities that the coalition agrees to carry out jointly? Are some funders to be off limits to the coalition?

Communicate with each other. Partners need to keep each other informed about progress and problems. This requires both commitment among all members and someone to take the lead in ensuring communication and information sharing.

Define and agree on responsibilities for fundraising. Resource development is likely to be an ongoing task, even if a significant amount of funding comes from a single source at first. Partners need to clarify and put in writing who is in charge of what – how work will be divided in researching funders, making funder contacts, preparing proposals, and doing other fundraising.

Share the work, the credit and the blame equitably. No one wants to feel cheated or exploited. Work out arrangements for publicizing the collaboration and the contributions of each member. Agree on official wording for presentations. Ensure that printed materials and public statements are agreed upon by all partners.

C. Models for Nonprofit Collaboration around Shared Infrastructure

To address the challenges that face small nonprofit organizations in particular, different communities have developed different models for nonprofits to share infrastructure. Sometimes these efforts also involve partnerships with a public agency and/or may receive funding support from a local government agency. There are two basic models for this:

Multi-Tenant Nonprofit Centers. There are many different kinds of multi-tenant nonprofit centers. All centers, however, share three basic features: (1) they are composed of multiple (2 or more), primarily nonprofit tenant organizations; (2) they exist as a physical site (one or more buildings); and (3) the purpose is to provide affordable, stable work environments, to build capacity for the nonprofit sector, and to support the various missions of its tenant organizations. In addition to offering basic office and program space, some centers are also designed as:

- Multi Service Centers – providing a one-stop service option for a targeted population.
- Programmatic Theme Centers – housing organizations all focused on a common cause such as the environment, the arts, or children. For example, the Women’s Building in San Francisco is a well-known and respected model of a multi-tenant center for organizations dealing with women’s issues.
- Community Economic Development and/or Historic Preservation Centers – renovating aging or historic buildings as part of a plan for community economic

revitalization or base conversion. An example is the Josephine Butler Parks Center in Washington, D.C.

- Foundation-created Centers – providing a home for a specific group of grantee organizations.

In a typical example of a multi-tenant nonprofit center:

- Tenants – who are often called partners – pay based on square footage of their primary office space. Many call these membership fees, so that the income paid to the primary tenant who holds the lease or owns the building is not taxed.
- Fixed costs (e.g., heating, A/C, gas, electricity, etc.) are factored into the rent or fees.
- Shared copiers have account codes for each organization, with costs divided according to frequency of use. Many are also moving to have shared wireless internet access.
- Public spaces (e.g., meeting rooms, kitchens, back and side yards) are free for all internal meetings of partners. Fees might be charged to partners for any events that include outside participants.
- Tenants/Partners meet regularly both to discuss any issues related to the space, as well as to share information about their activities and identify ways to coordinate.

Nonprofit “Back Office” Partners. Organizations may establish a strategic alliance or joint venture to share their business systems, such as technology, accounting, human resources, offices and office services. Two or more organizations may come together on the most basic level by “sharing” one accountant between two organizations, to fully integrating all of their systems. (See Pillsbury United Case Example in Appendix E.)

In some communities (mainly larger urban areas), there are nonprofit organizations whose mission is to support other nonprofits by providing fiscal sponsorship, fiscal management, grants management, human resources management, and risk management for a fee. An example is the Tides Center based in San Francisco. There are also a handful of foundations who take on this role. In some instances, large, well-established organizations might serve as an “incubator” for start-up organizations providing both fiscal sponsorship and significant back office support for a fee.

D. Public/Private Partnerships and Collaboration

This section summarizes models for partnership and collaboration between local government and nonprofit organizations, many of which were described briefly in other sections. The following are some of the most frequent and typical ways that local government agencies are partnering with nonprofits:

Funding support. Many local governments provide dedicated funding support for nonprofits serving the community. In addition to federal and state funding streams that

might be administered through a city or county agency (such as Community Development Block Grants), local governments may build specific line items into their budgets for nonprofit support. Typically, these are awarded through a competitive grant process.

Joint needs assessment and community problem-solving. Local governments can play an important “convener” role, providing leadership in bringing together diverse nonprofits and agency officials to find solutions to problems and concerns. Montgomery County’s Leadership Summits, described in Appendix B, are an example.

Coordinated service delivery, through co-location of services. Again, local government agencies and nonprofit service providers are increasingly collaborating by offering services at service centers based in low-income or immigrant communities.

Leadership development and capacity building assistance. A growing number of local governments are creating offices that serve as nonprofit resource centers – providing information about public funding and private opportunities, offering skill-building workshops to nonprofit managers, and technical assistance to start up organizations. Some run more intensive leadership development programs for community and nonprofit leaders. Neighborhood Colleges are one such model. Neighborhood Colleges, which have now taken root in many parts of the country (including Fairfax County), typically bring people together on issues, population or geographic area basis for a series of workshops using an established leadership curriculum.

Sometimes, the partnership can involve nonprofits providing capacity building assistance to government agencies. For example, in many communities with growing populations of refugees and immigrants, ethnic community-based organizations provide training to agency staff – from police officers to school officials and social services case managers – on the history, culture, and traditions of their community, and issues related to the particular service provided by the agency (e.g., views of mental health and child rearing).

Organizational Best Practices:

RESOURCE DEVELOPMENT

A. Strategies for Sustainability in Difficult Economic Times

Following are 10 actions to consider during hard or uncertain times, to help keep your nonprofit strong and sustainable.

1. **Pay attention to the external environment.** Don't panic, but don't ignore warning signals either. Be aware of potential hard economic times coming and how they are likely to affect your organization. Give yourself as much time as possible to plan. Any nonprofit that operates for more than a few years can expect to face challenging financial times. Pay attention to events that may reduce your funding opportunities or greatly increase demand for services. Talk to your staff and Board about emerging challenges. Federal budget cuts can reduce appropriations for programs that support your basic work. Foundations are required to pay out an average of 5% of their assets annually. A major stock market downturn reduces the value of those assets and the amount of the payout. Corporate foundations or giving programs are affected by business downturns, mergers, and company-specific or product-related financial losses (like those currently faced by world financial institutions and U.S. automakers). Individual giving may suffer if your donors have been digging deep to help with a natural disaster. Never ignore such situations. Instead, learn as much as you can, including what experts consider the most probable and the worst-case scenarios. Talk with your Board and staff and be prepared to take action. Work together to plan and take appropriate actions – such as those suggested below.
2. **Review your organization's work and financial status.** How affected have you been or are you likely to be by current or pending hard times? For example:
 - Are your programs still meeting important needs, despite the current situation?
 - How secure is your funding? How much of your total funding is threatened? What donors have reduced or eliminated funding? When do current grants or contracts end?
 - Which projects or activities have restricted funding (funding that cannot be transferred to other activities without the funder's permission)? How much flexible funding do you have?
 - Do you have reserves you could spend to maintain programs?
3. **Review program activities and set priorities among them.** If a proposed new project is especially important, consider it along with existing activities. Agree on which programs or functions are most important, based on a set of criteria that you agree on in advance. Possible factors:
 - Is this activity central to our values, vision, and mission?
 - Is there a documented ongoing need for the activity?
 - Is this program going to be especially needed during hard times?

- Does your organization have unique capacity to do this work (or could some other organization do it almost as well)?
- Is there restricted, safe funding to support this work? If not, can you identify other funding prospects?
- Does this activity increase the organization's marketability, credibility, or visibility?
- If the activity is ongoing, is it being carried out successfully?
- Are there staff and/or volunteers committed to continuing this work?

Based on these criteria, decide which projects or activities most need to be continued or started, and which can be ended or perhaps cut back or suspended until conditions improve.

- 4. Keep focused on your mission.** Don't accept funding for peripheral activities just because it is available. Your mission should drive your fundraising – don't let money determine your mission. In the long run, donors will remain loyal if you maintain your identity and focus.
- 5. Identify ways to control costs and continue high-priority activities.** There are often ways of doing this other than cutting programs. Some require considerable flexible thinking, while others are quite straightforward. Here are just a few:
 - Find volunteers who can do some work that was previously done by staff or consultants. Provide solid training and supervision so you can promise volunteers who are out of work the chance to learn useful skills and strengthen their resumes.
 - Ask Board members and organizational members to become active volunteers.
 - See if you can obtain student interns.
 - Identify in-kind sources for supplies, services, and equipment.
 - Delay purchases or other expenses that can be deferred, from technology upgrades to new furniture – or look for donations.
 - If your lease is ending, find less costly space or move in with another organization that has a compatible mission.
 - Investigate merging with another organization or running programs jointly for a specified period to reduce administrative costs.
- 6. Review and revise budgets to reflect program priorities.** Understand how much money you can count on and how far it will go. Also understand how much funding you need to maintain priority programs. This may mean moving flexible funds to support projects that do not have sufficient restricted funding. It may mean contacting a donor to ask whether restricted funds granted for one project can be reallocated to another, higher priority activity.
- 7. Get support from current funders.** The donors most likely to support you during hard times are the ones that supported you in good times. Send out a special individual appeal that focuses on your most important mission-related activities. Go to institutional funders and ask

for an early refunding commitment. Focus the appeal more on the importance of your work than on the possible funding crisis. Let people know that you are doing important work and you particularly need their support now.

8. **Be sure your organizational identity is well defined and communicated.** Revisit why the organization exists, and ensure agreement that its work is so important that it *must* continue. Be sure there is a clear, shared understanding of organizational identity and “niche,” and that the entire Board and staff can describe the organization using the same terms and key concepts. Be sure each one of your Board members, staff, and volunteers is prepared to make an effective brief “elevator speech” summarizing the organization’s work and importance to potential supporters. Ensure some consistency by agreeing on (and then writing down and sharing) basic organizational facts and history, stating the mission, identifying 3-4 things that make the organization special, and presenting key accomplishments.
9. **Prepare and implement a mission-driven resource development plan.** The more challenging the times, the more important it is to have a practical, clearly defined fundraising plan that involves Board as well as staff. Consider how to diversify your funding and replace any lost funds. For example, your plan might identify ways to:
 - Maintain current funding by communicating effectively with your donors—if funding levels are cut, negotiate with donors to increase funding flexibility.
 - Seek new foundation or other institutional funders based on your program priorities.
 - Raise funds through individual donor solicitations, including community-based and member-focused fundraising—after training Board, staff, and volunteers to do individual fundraising.
 - Initiate or expand income-producing activities, related to your core mission if possible.
 - Charge sliding-scale fees, for clients or beneficiaries who can afford them.
 - Strengthen community fundraising through special events, and consider partnering with other organizations on such events.
 - Do strategic corporate fundraising. Read the business section of your local paper or buy a financial journal, and look for companies that are doing well financially. Think about which companies have a special affinity for your client population or your program priorities. Include smaller companies that are privately owned (not part of any stock exchange). They tend to get fewer funding requests, and a growing number are owned by women and people of color.
 - Get maximum help from the Board of Directors.
 - Identify ways in which volunteers or beneficiaries can help with fundraising, especially through special events.
10. **Review and revise marketing materials** to show the *relevance* and *importance* of your work. Look for ways to increase visibility. Depending on the nature of your work and the kinds of donors you believe you can reach, you may need to explain how your work:

- Meets immediate service or other needs.
- Helps address some of the root causes of community problems – i.e., has long-range importance.
- Helps members of your community deal with the tensions caused by the current political and economic situation, especially if there has been a natural disaster or other traumatic event affecting the community you serve.
- Addresses problems resulting from current tensions (e.g., domestic violence, youth unemployment).
- Strengthens the fabric of society for the long term (e.g., improves education, increases civic participation).
- Review recent Letters of Inquiry, proposals, and fact sheets or brochures to be sure they present you effectively and are likely to appeal to the mix of potential funders targeted in your resource development plan.

B. Fundraising in Affluent Communities

Raising money in affluent communities when community needs may not be visible – when there are “pockets of poverty” or need that may pass unnoticed by those with enough – is challenging. It can be challenging both for nonprofits who seek to build individual donors, as well as government agencies that need to get public support for the use of the public’s tax dollars to provide critical safety net services and services. Here are a few approaches and practices that hold promise:

Start with education. As any seasoned fundraiser knows, fundraising is about education. The challenge in more affluent communities, where the needs are less apparent, is that it takes a great deal more of it, as well as a long-term commitment to ongoing education. Education is an important area where government agencies and nonprofits can work together. They can work together to:

- Publish “state of the community” reports that combine data and human stories. Government agencies often have access to data that individual nonprofits do not, while nonprofits have intimate knowledge of the human stories needed to touch people.
- Create “speakers bureaus” made up of representatives of nonprofits (including the people served!) who can give presentations at meeting of business and civic associations.
- Develop media public awareness campaigns. These have been especially effective in many communities in raising awareness about the need for and opportunities to volunteer.

Engage members of the faith and business communities. Focusing education efforts on people who can themselves become powerful “messengers” and champions can be an

effective way to reach more people with education effort. For example, United Ways have long focused on educating business leaders about community needs, so that they will not only make contributions but bring their peers to the table. Some organizations will organize visits of influential people – i.e., business leaders, policymakers – to visit programs to see them first hand.

Promote volunteering. The more members of the community get involved, the more they'll learn about the needs, and the more they learn, the more likely they will be to give. People who get involved as volunteers often become long-time supporters – even if it is with small donations – of the organizations with which they volunteer. They will also talk to their friends and neighbors about the needs and the organizations.

C. Raising Funds from Individuals

Before nonprofit organizations begin asking for individual contributions, they need to lay a foundation. Here are a few things you can do to get started:

Educate their Board, staff, and volunteers. Begin by learning together – Board, staff, and volunteers – about the importance of individual fundraising and about basic elements of successful fundraising from individuals. Set aside time at a Board meeting to talk about the concept of individual giving.

Identify potential donors, also called prospects. Start with a brainstorming session with Board and staff. Make a list of people you already know who believe in your work and could make a contribution. Think about members of your community who have been helped by your services, people who have volunteered their time or made in-kind donations. Then brainstorm a list of people who do not know about your work, but would be interested in it if they did.

Find ways to involve, educate, and build relationships. Once you've identified these prospective donors, think of creative ways to make them feel connected to and involved in your work. You can invite them to your events and send them a newsletter. One of the best ways to reach out to new groups you identify as potential donors – such as those former Peace Corps volunteers or members of a church community ministry – is to ask for volunteers. See if you can make presentation at a meeting, and be ready with ways that people can get involved. Remember that individual fundraising is really *friendraising*.

Develop simple written materials that tell your story. Like other funders, individuals will get excited about your organization if they understand where it is going and what kind of community it is trying to help create. Prepare some concise and simple materials – such as a fact sheet or brochure – to share with them. Do you have a newsletter? If not, start one! It doesn't have to be fancy. A simple one-page, front and back newsletter will do. Make sure to include pictures. This is a great task to give a volunteer.

Find ways to increase your visibility. Remember, the best prospects for individual contributions know and care about your work. So, it's important to be always expanding the circle of these people.

- Try to get some media coverage for your work.
- Establish a broad-based local committee to talk about your organization with their friends and contacts, and/or develop a membership or "friends" structure.
- Be sure your name and logo are on all the materials you develop.
- Develop or improve your website.
- Get listed on Internet sites that identify nonprofit organizations and in some cases accept online donations on their behalf, like GuideStar <www.guidestar.org>, the "national database of nonprofit organizations," which some donors check before making contributions.

Organizations use a variety of ways to ask for contributions from individual donors: face-to-face meetings, letters (often called "direct appeals"), and special events. While some strategies – like a direct, letter appeal or a special event – will take some planning, there are simple things you can do year round to ask for contributions. For example, you should always put information about "how to make a contribution" in your newsletter and on your website. You can have a contributions box or jar at your office.

Overall Dos for Individual Donor Development

- ✓ Send a thank you within 72 hours after receiving a donation
- ✓ Be sure to call back quickly if asked for information
- ✓ Make it easy for potential donors to respond to your requests – be sure the on-line contributions process is working, etc.
- ✓ Use a sound tracking system, after thinking carefully about what information you need – don't collect lots of information you won't use
- ✓ Communicate regularly with donors – send newsletters, other communications, invite them to events, send "save the date" cards for key events
- ✓ Seven contacts in a year is a good number, with only 2-3 asking for money
- ✓ Consciously decide what you will send, how much, and how often – then put this into a calendar
- ✓ Invite them to briefings and other "content" events
- ✓ See how people respond to e-mail; some love it and respond well, while others prefer letters or other types of communication
- ✓ Always thank and recognize your donors
- ✓ Establish and follow a confidentiality policy – either don't share lists, or say to donors, "If you don't want us to share your name, check here" – then list them as "anonymous donors"

- ✓ Send an annual report and use it as a solicitation with an envelope
- ✓ In thinking about infrastructure, consider:
 - Where do you draw your lists of potential donors from?
 - Can you handle responses if you get them?
 - Can your database and other infrastructure handle an endowment or capital campaign, as well as an annual campaign?
- ✓ Communications with donors and potential donors designed for solicitation need to:
 - Focus on success
 - Provide something personal about those you serve (not sappy, but providing an emotional connection)
 - Indicate what needs to be done and how they can help
- ✓ Hold donor cultivation events
- ✓ Recognize that if you use mail solicitations with cold lists, it may cost you \$20 per donor obtained, since the typical response rate is 0.5 to 1.5% (Total cost per donor = total donations minus total costs divided by the number of donors)
- ✓ You can use a direct mail consultant to help you choose appropriate lists and assist with other aspects of an appeal; the individual may subcontract to a writer to develop the appeal and a graphic designer to design it, rent lists from a list broker, arrange a mail house, get mail permits, and then manage all components and invoices. To find someone, use an RFP, hire carefully, be sure they tell you all the costs, check references, then do a solid contract.
- ✓ In Maryland, you must register with the Secretary of State to solicit donations. The following disclosures must be included on solicitations in Maryland:

ORGANIZATION is a tax exempt organization recognized under section 501(c)(3) of the Internal Revenue Code. Donations to nonprofits with 501(c)(3) tax exempt status are tax deductible as charitable contributions. A copy of ORGANIZATION's last financial statement may be obtained by contacting ORGANIZATION CONTACT INFO. A copy of registration for ORGANIZATION may be obtained (for the cost of copies and postage) from The Office of the Secretary of State, Statehouse, Annapolis, MD 21401.
- ✓ Use donor cultivation events, and be sure at every event you capture names and contact information – use registration early in the event, put registration cards on tables, ask in the program for people to complete them, and have a drawing for a door prize from among completed cards
- ✓ Do a calendar for your fundraising
- ✓ There are some free databases useful for donor tracking, such as eBase, eTapestry, and CiviCRM
- ✓ Low-cost fundraising databases include Donarius, DonorPerfect, and BasicFunder Premier Edition

Tips for Setting Up Face-to-Face Solicitation Meetings

- ✓ Figure out whom to meet with first – probably current supporters and friends. Start with those most likely to give so your “solicitors” can build success and self-confidence.
- ✓ Ask loyal donors to help you reach others. Ask them about other people on your high-end prospect list, and see if they can suggest anyone else you should contact.
- ✓ Ask these lead donors if you can use their names and gifts to encourage others. Then mention their names to other prospects.
- ✓ When setting up a meeting with someone who is very busy, ask if the person has 20 minutes for a brief meeting. The person will probably block out 30 minutes. Be well prepared and efficient, and you may find you have an extra 10 minutes to chat.

Tips for Solicitations

- ✓ Be prepared – Remember to bring appropriate written materials, practice your presentation, and be ready to answer typical questions.
- ✓ Listen – Pay attention and adjust your presentation based on what the prospect says.
- ✓ Ask questions – Look for common ground; find out what interests and motivates the prospect.
- ✓ Allow time for the prospect to ask questions.
- ✓ Mention who else has given at the high end – Say something like, “We’re asking half a dozen prominent leaders in the community to consider a gift at the \$X level. People like A, B, and C have already made commitments.”
- ✓ Make the case – focus on the community or people who benefit from your organization’s work and be prepared to talk about how your organization has helped.
- ✓ Ask for a specific amount. Ask for enough – if the person gave last year, ask for more.
- ✓ Wait – The most important and most difficult thing to do after asking is to remain silent. Give the prospect time to think and respond. Those few seconds can seem like hours, but do not jump in with an additional comment or a lower suggested amount. Breathe.
- ✓ Don’t be surprised or upset by an initial “no” – keep the dialogue going. Be flexible – offer alternatives if the prospect says “no” to your first request.
- ✓ Don’t always settle for the first gift offered – often, further discussion results in a larger gift.
- ✓ Respond to difficult questions and concerns – use the opportunity to build credibility; if you don’t know the answer, promise to find and send it.

Sample Consumer Bill of Rights

Montgomery County Department of Human Services CUSTOMER SERVICE PLEDGE

YOU CAN EXPECT:

- To be treated with respect;
- To receive benefits or services as allowed by the Federal, State and Local laws;
- To receive, upon request, interpreter services or assistive devices to help you in applying for benefits or services;
- To have your questions answered in a timely, accurate and professional manner;
- To have calls returned within 24 hours unless informed otherwise;
- To be seen within a reasonable timeframe if you walk-in for service;
- To have appointments kept on time or be notified in a timely manner if this is not possible (Please bring all requested information to the best of your ability);
- To have an overall service plan, to know what can be accomplished in what timeframe and what is expected of you; and,
- To have any concerns about how you were served or how you were treated addressed. Please contact the unit supervisor on site. For further assistance, contact the HHS Information Line (240-777-1245) for referral to an appropriate administrator.

Human Services Approaches to Foreign-Born and Low-Income Communities: Case Examples

Montgomery County, Maryland

Overall Outreach

Beginning in the early 1980s, County Executives in Montgomery County have sought to reach out to the county's growing ethnic populations to ensure they are effectively served by county agencies. In the 1980s, successive County Executives appointed three staff members to serve as liaisons to the African American, Latino, and Asian communities; and then set up an Office of Multi-Cultural Affairs. In the 1990s, the County Executive then created a broader Office of Community Outreach, and created Advisory Groups for the three communities. The current County Executive has taken additional steps. He created the Office of Community Partnerships (broadening the mission of the Office of Community Outreach) to build bridges and collaboration between community residents and County government and to strengthen the capacity of the County's faith-based and nonprofit organizations as essential community partners.

Realizing that the three existing Advisory Groups failed to include African, Middle Eastern, and Caribbean immigrants and that the membership of the groups was not diverse (members generally represented professionals who were established in the community), the County Executive organized six Leadership Summits, one for each community. The Summits, held in the fall of 2007, brought together about 60 top county officials and 80-100 community members, with the goal being to both "get more people involved" and "surface more issues." Three additional Advisory Groups grew out of this (African, Caribbean, and Middle Eastern), which advise the County Executive on issues of concern to these communities. Most recently, the Office of Community Partnerships created a Multi-Cultural Leadership Council, consisting of 2-5 members of each ethnic Advisory Group, to work together on priority issues affecting all the communities.

The Director of the Office of Community Partnerships offered the following observations on best practices:

- **Listening and building relationships.** The Leadership Summits were invaluable in getting to know a broader cross-section of community leaders (than the few who had been on the Advisory Groups for years) and potential leaders. They served as a sort of "talent search" for community leadership. Advice from the Director of the Office of Community Partnerships: "Take 6-12 months to listen and learn and experiment with different approaches. Maybe try the summit approach. See who's out there and what they have to say."
- **Having commitment from the County Executive and a structure that ensures buy in among top officials.** Locating the Office of Community Partnerships in the County Executive's Office has given the efforts greater weight and encourages the county agencies to work with the Advisory Groups.

- **Having a structure that builds leadership within communities and also unity across communities.** The County also had the experience of having several different ethnic health initiatives under the Health Department. However it found that this structure set up the different ethnic communities to compete rather than cooperate. Having both ethnic Advisory Groups and the Multi-Cultural Leadership Council helps build leadership and ensure ethnic-specific issues surface, while also encouraging cross-community collaboration.

Approach to Providing Language Access

Montgomery County has a policy that requires agencies serving the multi-lingual population to make reasonable efforts to provide language-appropriate services in some of the most used languages in this County, i.e. those spoken by more than 5 percent of the County population. The purpose of the LEP policy is to remove barriers to providing quality services to residents who are increasingly diverse linguistically and culturally. There are a variety of resources in the County to help agencies be more language friendly to its diverse population. These include the Language Line with real-time interpretation services provided by contractors, a free Language Bank made of volunteer interpreters for County agencies or registered nonprofits, and a roster of close to 600 county employees who are certified to provide language assistance.

Fairfax County, Virginia

Overall Outreach

In the mid-1990s Fairfax County underwent a major restructuring of its human service system to better serve growing low income and foreign born populations. It created the Department of Systems Management for Human Services, which is organized around four Human Service Regions, that seek to ensure *regional integrated service delivery*, as well as *community and neighborhood capacity building*. Each region has a regional service center that co-locates the health and human services of eight key county agencies. The concept behind this re-organization was not only to co-locate key services in the community, but also to build relationships with the community and play an active and visible role in identifying community needs and concerns and working in partnerships with community leaders to find solutions. The Director of one of the regions offered the following observations:

- **Seek to build relationships and trust** with a broad range of community leaders – not only nonprofit leaders, but also faith leaders and informal community leaders – by attending community events and meetings to listen. (“When we first started, we were the only staff in the county doing this kind of outreach and engagement.”) Further, build relationships with different organizations and leaders – avoid going to the same nonprofit, association leader, or pastor over and over again. No one person or organization can speak for the whole community.
- **Form multi-cultural advisory committees** around particular issues to gain diverse perspectives and better understand how to reach different communities. For example, concerned that programs for immigrants were not addressing issues related to access to services for domestic violence, the

Region center formed a Domestic Violence Multi-Cultural Advisory Committee that brought leaders from diverse immigrant communities together.

- **Focus on listening to community leaders.** In the above example, county staff listened to community leaders about how the issue is seen in their community and the best way to reach the community. They also did a survey in 7 different languages.
- **Be willing to be flexible and to do things differently.** This means thinking about how you “talk” and recognizing “when we get stuck in our acronyms.” It means being willing to think about your services differently. For example, the Fairfax Parks Department held focus groups with community members about their use of various historic parks and how often they frequented them. The response was “never” and when asked why not said, “Because that’s not our history.” The department asked “Where do you go?” and “How can we make more spaces like that?”
- **Be patient.** It takes years to build the relationships within the community that allow that county to really work in partnership to reach and serve community members. This must be a long-term commitment.

Approach to Language Access

Fairfax County Department of Systems Management for Human Services has a Language Access Coordinator. Although the department had made progress in hiring bilingual staff for the languages with which it comes into contact most frequently, it primarily uses an ATT Language Line. Through the Language Line, staff have access to speakers of over 100 languages who can provide interpretation through a three-way phone line.

Sample Measures of Cultural Competence for Service Providers

Here are some measures developed to assess the extent to which providers reflect cultural and linguistic cultural competence in health and human service settings. The measures provide concrete examples of the kinds of beliefs, attitudes, values, and practices which foster cultural and linguistic competence at the individual or practitioner level.

One way to measure this is to do an observation or interview staff, and assess measures as follows:

A = Evidence or reports that this measure is met widely or frequently within the provider setting

B = Evidence that this measure is met to a limited extent or occasionally within the provider setting

C = Minimal or no evidence that this measure is met within the provider setting

Physical Environment, Materials & Resources

_____ 1. Provider displays, in common areas and in staff rooms, pictures, posters, artwork, and other décor that reflect the cultures and ethnic backgrounds of clients served by the provider.

_____ 2. Provider ensures that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by the provider.

_____ 3. When using videos, films or other media resources for education, training, treatment or other interventions, provider ensures that they reflect the cultures and ethnic background of individuals and families served by the provider.

_____ 4. Provider ensures that printed information disseminated by the agency or program takes into account the average literacy levels of individuals and families receiving services.

Communication Styles

_____ 5. When interacting with individuals and families who have limited English proficiency, provider staff demonstrate recognition that:

_____ * limitations in English proficiency are in no way a reflection of their level of intellectual functioning.

_____ * their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.

_____ * clients may or may not be literate in their language of origin or English.

_____ 6. Providers use bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical, mental health, social work, or other relevant specialized interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.

_____ 7. For individuals and families who speak languages or dialects other than English, the provider ensures that staff attempt to learn and use key words in their language so that they are better able to communicate with them during assessment, treatment, or other interventions.

_____ 8. Providers attempt to determine and communicate to service staff any familial colloquialisms used by individuals or families that may affect assessment, treatment, or other interventions.

_____ 9. Whenever possible (depending on the level of use of the language involved), providers ensure that all notices and communiqués to individuals and families are written in their language of origin.

_____ 10. Provider staff understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method of receiving information.

Values & Attitudes

_____ 11. Clients and supervisors indicate that provider staff avoid imposing values which may conflict or be inconsistent with those of cultures or ethnic groups other than their own.

_____ 12. Supervisory staff screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with individuals and families served by the provider.

_____ 13. Provider policies require – and staff indicate awareness and compliance with policies – that both supervisors and all other personnel intervene in an appropriate manner when they observe staff or clients within the program or agency engaging in behaviors which show cultural insensitivity, racial biases and prejudice.

_____ 14. Provider staff demonstrate that they recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

_____ 15. Provider staff demonstrate that they understand and accept that family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents).

_____ 16. Provider staff demonstrate that they accept and respect that male-female roles may vary significantly among different cultures and ethnic groups (e.g., who makes major decisions for the family).

_____ 17. Provider staff demonstrate understanding that the perception of health, wellness, mental health, and preventive health services, and other social service concepts, have different meanings to different cultural or ethnic groups.

_____ 18. Provider staff demonstrate an understanding that grief and bereavement are influenced by culture.

_____ 19. Supervisory staff ensure that the provider seeks information from individuals, families, or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by the provider.

_____ 20. Before visiting or providing services in the home setting, provider staff receive training and resources for seeking information on acceptable behaviors, courtesies, customs, and expectations that are unique to the culturally and ethnically diverse groups served by the provider.

_____ 21. The provider keeps abreast of the major health concerns and issues for ethnically and racially diverse client populations that may affect HIV/AIDS care, and provides regular information updates and/or training to staff regarding these issues.

_____ 22. The provider ensures that staff are aware of the socio-economic and environmental risk factors that contribute to the needs and problems of culturally, ethnically and racially diverse populations served.

_____ 23. Provider staff are well versed in the most current and proven practices, treatments and interventions for health, mental health, and/or social services problems among ethnically and racially diverse groups served.

_____ 24. The provider has in place regular (at least twice yearly) and appropriate professional development and training to enhance staff knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.

_____ 25. The provider periodically (at least every three years) reviews the program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural and linguistic competence.

Revised by Emily Gantz McKay of Mosaica from on the following document: Tawara D. Goode, Georgetown University Child Development Center (UAP) -- Adapted From "Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings and Promoting Cultural Competence and Cultural Diversity for Personnel Providing Services and Supports to Children with Special Health Care Needs and Their Families" (June 1989, last revised July 2000). Most recently revised by Mosaica for use with immigrant and refugee service providers in September 2006.

Checklist to Facilitate the Development of Culturally and Linguistically Competent Provider Policies and Structure

Does the organization or program have:

- ___ 1. A mission statement that articulates its principles, rationale, and values for culturally and linguistically competent service delivery?
- ___ 2. Policies and procedures that support a practice model which incorporates culture in the delivery of services to racially, ethnically, culturally and linguistically diverse groups?
- ___ 3. Structures to assure consumer and community participation in the planning, delivery, and evaluation of its services, including the involvement of foreign born?
- ___ 4. Processes to review policy and procedures systematically to assess their relevance for the delivery of culturally competent services?
- ___ 5. Policies and procedures for staff recruitment, hiring, and retention that will achieve the goal of a diverse and culturally competent workforce?
- ___ 6. Policies and resources to support ongoing professional development and in-service training (at all levels) for culturally competent health care values, principles and practices?
- ___ 7. Policies to assure that new staff are provided with training, technical assistance, and other supports necessary to work within culturally and linguistically diverse communities?
- ___ 8. Position descriptions and personnel performance measures that include skill sets related to cultural competence?
- ___ 9. Fiscal support and incentives for the improvement of cultural competence at the board, agency, program, and staff levels?
- ___ 10. Policies for and procedures to review periodically the current and emergent demographic trends for the geographic area it serves?
- ___ 11. Methods to identify and acquire knowledge about health, mental health, and other human service-related beliefs and practices of emergent or new populations needing services, including refugee populations?
- ___ 12. Policies and allocated resources for the provision of translation and interpretation services?
- ___ 13. Policies and resources that support community outreach initiatives for limited English proficient and/or non-literate populations?
- ___ 14. Requirements for contracting procedures, announcement of funding resources and/or development of request for proposals that include culturally and linguistically competent practices?

Reference: Rationale for Cultural Competence in Primary Health Care. Permission is granted to reproduce this document for distribution. The only requirement is that proper credit be given to the National Center for Cultural Competence. Developed by Elena Cohen, Consultant and Tawara D. Goode, National Center for Cultural Competence, Winter 1999. National Center for Cultural Competence Georgetown University Child Development Center, 3307 M Street, NW, Suite 401, Washington, DC 20007-3935. Tel: 800/788-2066 or 202/687-5387, Fax: 202/687-8899, e-mail cultural@georgetown.edu [Note: document was slightly revised by Mosaica to provide an immigrant and refugee provider focus, broader than the original document, which was primary health care-specific.]



***Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement***

This AGREEMENT is entered into by and between the Commonwealth of Massachusetts, Executive Office of Health and Human Services (“EOHHS”) and the undersigned organizational user (the “User”) of the Commonwealth’s EOHHS Virtual Gateway Services (“Virtual Gateway”).

1. This Agreement states certain terms that apply to User’s access to the EOHHS Virtual Gateway Services. User agrees to comply with, and be bound by, this Agreement and to use the EOHHS Virtual Gateway Services only for authorized purposes.

2. User agrees to ensure that its employees, contractors, and agents that use the Virtual Gateway are aware of, and comply with, this Agreement (including any Riders, Attachments, and Amendments) and applicable state and federal laws concerning the confidentiality and security of information that is created, modified, accessed or received through the Virtual Gateway. User is responsible for ensuring that its employees, contractors, and agents comply with all instructions and requirements regarding online application forms, tools, and services available through the EOHHS Virtual Gateway, and use such online application forms, tools, and services only for the purposes for which they are intended. EOHHS agrees to provide User with timely information and updates regarding the use of the Virtual Gateway for which the User has been authorized, including but not limited to changes in forms, tools and services.

3. User must designate an individual to serve as its Access Administrator. The Access Administrator must be a member of the User’s staff in the direct control of the User. The Access Administrator shall be responsible for communicating to the EOHHS Virtual Gateway Help Desk the identity of the individual end users (including employees, contractors, agents, and Business Associates) authorized to access the Virtual Gateway on User’s behalf (each, "End User" and collectively, the "End Users"). The Access Administrator shall: (1) provide EOHHS with such information as it may require for each End User; (2) ensure that all information submitted to EOHHS about each End User is current, accurate, and complete; (3) notify EOHHS promptly of any End User whose access rights must be terminated, for example when an End User leaves the employment of the User; and (4) take such actions as EOHHS may direct or require to ensure the security of the EOHHS Virtual Gateway. Upon receipt from the Access Administrator of all End User information required by this Agreement and any exhibits or amendments thereto, and any additional information that EOHHS may deem necessary to assign such access rights to End Users, the EOHHS Virtual Gateway Help Desk shall assign individual account information and access instructions directly to each End User within 3 business days. Information regarding End Users shall be maintained in secure files at EOHHS. Nothing in this Agreement shall be construed to limit EOHHS's right to deny access rights to any End User for any reason provided EOHHS serves notice within 3 business days to User of such actions, unless in view of the Virtual Gateway security requires immediate termination. If End User access rights are terminated without notice for security reasons, EOHHS will notify the User of such action within 3 business days.

EOHHS will allow Users with multiple divisions, departments, and/or facilities to designate such additional Access Administrators as EOHHS deems appropriate. User must notify EOHHS in writing of any change in status of any Access Administrator within 3 business days of the change. The User must execute a new “Designation of Access Administrator” form for each new Access Administrator. EOHHS will provide to the User, within 5 business days of receipt of the new Access Administrator’s designation form, any information needed related to the change in Access Administrators.

EOHHS reserves the right to terminate any User's or End User's right to access the EOHHS Virtual Gateway Services, or to terminate the Access Administrator designation, at any time, with or without cause, without notice and without penalty. None of the foregoing shall be construed: (1) to relieve User of responsibility for the acts and omissions of its End Users; (2) to relieve User of any of the responsibilities imposed by this Agreement or by applicable law; or (3) to waive any rights or remedies that EOHHS possesses in the event of unauthorized access to or use of the EOHHS Virtual Gateway Services.

4. EOHHS and the organizations and individuals that use the Virtual Gateway are required by law to protect the privacy and security of personal information in the Virtual Gateway. Any use of the EOHHS Virtual Gateway Services to create, modify or access or receive information about an identifiable individual, for example by querying, may make User a "Holder" of "Personal Data" as those terms are defined in the Massachusetts Fair Information Practices Act (M.G.L. c. 66A) ("FIPA"). To the extent User becomes a Holder of Personal Data, User agrees to comply with FIPA and with all other applicable state and federal laws, including, if applicable and without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). All Personal Data that User creates, modifies, accesses or receives from the Virtual Gateway is the exclusive property of EOHHS. EOHHS reserves all of its rights to exercise complete control over the access, use, disclosure, and disposition of Personal Data. User agrees to certify to EOHHS, upon request, that in its use of Personal Data it is in compliance with this Agreement. User is responsible for limiting access to Personal Data obtained from the Virtual Gateway to those employees, contractors, and agents that need such information in furtherance of the purposes for which EOHHS intends the Virtual Gateway to be used or as permitted by appropriate applicant consent documented in the manner directed by EOHHS.

5. Each party is solely responsible for the preservation, privacy, and security of information in its possession, including information in transactions received from the other party and other persons. If either party receives from the other information not intended for it, the receiving party will immediately notify the sender to arrange for its return, re-transmission, or destruction. Both parties agree: (a) to use their best efforts and to take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of Personal Data; and (b) to take such measures as are reasonably necessary to mitigate or address any unauthorized access to, use of, or disclosure of Personal Data. None of the foregoing shall be construed to waive any rights or remedies that either party may possess in the event of unauthorized access to, use of, or disclosure of Personal Data

6. Any actions arising out of this agreement shall be governed by the laws of Massachusetts and shall be brought and maintained in a state or federal court in Massachusetts which shall have exclusive jurisdiction thereof.

7. It is specifically agreed between the parties that failure of any of the parties to insist upon compliance of any provisions herein at any time shall not waive such compliance with such provision at any other time. No waiver by any party of any default or breach hereunder by the other shall constitute a waiver of any subsequent default or breach.

8. The parties do not intend by this Agreement to create any enforceable rights in debtors, third parties or other similarly situated persons. Any benefits flowing to debtors, third parties or others as a result of this Agreement are merely incidental, and all rights, obligations, benefits and duties are enforceable solely by the parties hereto.

9. This Agreement is in addition to, and not in place of, other agreements that user has entered into with EOHHS or its agencies.

10. Any amendments to this agreement must be in writing executed by both parties.

11. Unless otherwise specified, any notice required by this agreement or other documents related to the use of the Virtual Gateway shall be in writing and shall be deemed given when delivered to either party or deposited in the U.S. Mail, first class, postage pre-paid, and when addressed as follows

To EOHHS:

EOHHS Virtual Gateway Operations
2 Boylston Street, 6th Floor
Boston, Massachusetts 02116

To User:

12. This Agreement shall commence upon execution by both parties and shall continue in effect until terminated by either party by written notice given to the other party thirty days prior to the intended termination date. EOHHS may discontinue or suspend the provisions of this Agreement immediately without notice if it determines that any term of this Agreement has been violated.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to sign below to indicate their acceptance of the terms and conditions of this Agreement.

User

User Name (Legal Entity Name)

User FEIN (Tax ID #)

Signature of Authorized Representative

Print Name

Print Title

Date

Commonwealth of Massachusetts–EOHHS

EOHHS Signature

Print Name

Print Title

Date

Approaches to Nonprofit Collaboration: A Case Example

Pillsbury United in Minneapolis, Minnesota

Pillsbury United is a founding member of a unique collaboration of five human service agencies which formed the Metropolitan Alliance of Connected Communities or MACC Commonwealth, on Jan. 1, 2006, a consolidated service organization. Pillsbury United and its four colleagues realized that they needed to put their clients – and not their brands – first. Their organizations were not as efficient individually as they could be together. So they joined forces. They call themselves a hybrid operation that lowers operating costs for individual nonprofits and guarantee each organization's independence – gaining the benefits of a merger without losing autonomy.

The five organizations in MACC, whose combined budgets total \$35M, jointly provide administrative functions such as accounting, office technology, and human resources. Their goal is to operate more efficiently and to share best practices to benefit their clients. Yet they still maintain their independent identities, governance structures, and programs.

Initially, the group started out small, with three nonprofits; later two more joined the group. Today, there are seven members of the collaborative. All five of the founding members were human service agencies focused on self-sufficiency programs for families and communities experiencing similar government and philanthropic budget cuts. That kind of mission and operational alignment created synergies for the collaboration and eased the collaboration process quite a bit.

The results show that the collaboration is meeting its goals. At the end of 2007 – after just one year of operation - the MACC Commonwealth agencies reported that their members served 1,000 additional clients and saved their members \$200,000 in annual costs. These are impressive results.

Organizations Researched

The Center for the Study of Social Policy: Provides public policy analysis and technical assistance to states and localities. Focusing on broad range of human services, the Center emphasizes several common themes: (1) outcomes accountability; (2) community service strategies that reach across categorical boundaries and are community owned; (3) new forms of state/local governance; (4) more flexible financing strategies; and (5) attention to the human resources and other capacity-building needs required for human services systems to perform effectively. The Center has a number of tools on its website, including: (1) Series of six learning guides entitled, "Building Capacity for Local Decision-making" that help agency leaders develop tools to influence policy and practice, set common agendas for change, and improve the quality of life for children and families; (2) Self-assessment tool, "The Policies That Strengthen Families Self-Assessment: Family Economic Success" addresses six child and family outcomes: family economic success, school readiness, educational success, healthy families, youth engagement, and strong family relationships. The self-assessment is designed for state and local-level policymakers and advocates interested in improving policy decisions that achieve results for children and families. See: www.cssp.org

The National Association of Counties (NACO): NAC provides information about county-level human services best practices and model programs. Its website includes a database of model county human services programs, as well as discussions about best practices (however the latter is restricted to members).

National Conferences of State Legislatures (NCSL): Although the focus of NCSL's work is on policy issues, its website does include some articles that focus on best practices and innovative solutions to human services needs. It also provides information on human services issues affecting foreign-born communities, including information on eligibility of foreign-born for various federally-funded human services, and language access laws and requirements. See: www.ncsl.org

National Association of Social Workers (NASW): NASW's standards for social work practice include comprehensive standards related to cultural competency. They also include standards for best practices in other areas of human service delivery. See: www.naswdc.org

Promising Practices Network: The Promising Practices Network (PPN) is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families. The PPN site features summaries of programs and practices that are proven to improve outcomes for children. All of the information on the site has been screened for scientific rigor, relevance, and clarity. See: www.promisingpractices.net

Urban Institute: A nonpartisan economic and social research and policy think tank has published a series of studies focused on foreign populations, including studies on various best practices around the country. For example, the Urban Institute has researched and assessed a variety of approaches to health care delivery to foreign-born populations, including the use of health navigators. See www.urban.org.